

110TH CONGRESS  
1ST SESSION

# S. 2333

To amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.

---

## IN THE SENATE OF THE UNITED STATES

NOVEMBER 8, 2007

Mr. KENNEDY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Safety  
5 Net Act of 2007”.

6 **SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE**  
7 **PUBLIC HEALTH SERVICE ACT.**

8 (a) ADDITIONAL AUTHORIZATIONS OF APPROPRIA-  
9 TIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC

1 HEALTH SERVICE ACT.—Section 330(r) of the Public  
 2 Health Service Act (42 U.S.C. 254b(r)) is amended by  
 3 amending paragraph (1) to read as follows:

4 “(1) IN GENERAL.—For the purpose of car-  
 5 rying out this section, in addition to the amounts  
 6 authorized to be appropriated under subsection (d),  
 7 there are authorized to be appropriated—

8 “(A) \$2,213,020,000 for fiscal year 2008;

9 “(B) \$2,451,394,400 for fiscal year 2009;

10 “(C) \$2,757,818,700 for fiscal year 2010;

11 “(D) \$3,116,335,131 for fiscal year 2011;

12 and

13 “(E) \$3,537,040,374 for fiscal year  
 14 2012.”.

15 (b) STUDIES RELATING TO COMMUNITY HEALTH  
 16 CENTERS.—

17 (1) DEFINITIONS.—For purposes of this sub-  
 18 section—

19 (A) the term “community health center”  
 20 means a health center receiving assistance  
 21 under section 330 of the Public Health Service  
 22 Act (42 U.S.C. 254b); and

23 (B) the term “medically underserved popu-  
 24 lation” has the meaning given that term in such  
 25 section 330.

1           (2) SCHOOL-BASED HEALTH STUDY.—

2           (A) IN GENERAL.—Not later than 2 years  
3 after the date of enactment of this Act, the  
4 Comptroller General of the United States shall  
5 issue a study of the economic costs and benefits  
6 of school-based health centers and the impact  
7 on the health of students of these centers.

8           (B) CONTENT.—In conducting the study  
9 under subparagraph (A), the Comptroller Gen-  
10 eral of the United States shall analyze—

11           (i) the impact that Federal funding  
12 could have on the operation of school-based  
13 health centers;

14           (ii) any cost savings to other Federal  
15 programs derived from providing health  
16 services in school-based health centers;

17           (iii) the potential impact on Federal  
18 budget and the health of students of pro-  
19 viding Federal funds to school-based health  
20 clinics; and

21           (iv) the impact of access to health  
22 care from school-based health clinics in  
23 rural or underserved areas.

24           (3) HEALTH CARE QUALITY STUDY.—

1 (A) IN GENERAL.—Not later than 1 year  
2 after the date of enactment of this Act, the Sec-  
3 retary of Health and Human Services, acting  
4 through the Administrator of the Health Re-  
5 sources and Services Administration, and in col-  
6 laboration with the Agency for Healthcare Re-  
7 search and Quality, shall prepare and submit to  
8 the Committee on Health, Education, Labor,  
9 and Pensions of the Senate and the Committee  
10 on Energy and Commerce of the House of Rep-  
11 resentatives a report that describes agency ef-  
12 forts to expand and accelerate quality improve-  
13 ment activities in community health centers.

14 (B) CONTENT.—The report under sub-  
15 paragraph (A) shall include focus on—

16 (i) Federal efforts, as of the date of  
17 enactment of this Act, regarding health  
18 care quality in community health centers,  
19 including quality data collection, analysis,  
20 and reporting requirements;

21 (ii) identification of effective models  
22 for quality improvement in community  
23 health centers, which may include models  
24 that—

- 1 (I) incorporate care coordination,  
2 disease management, and other serv-  
3 ices demonstrated to improve care;
- 4 (II) are designed to address mul-  
5 tiple, co-occurring diseases and condi-  
6 tions;
- 7 (III) improve access to providers  
8 through non-traditional means, such  
9 as the use of remote monitoring  
10 equipment;
- 11 (IV) target various medically un-  
12 derserved populations, including unin-  
13 sured patient populations;
- 14 (V) increase access to specialty  
15 care, including referrals and diag-  
16 nostic testing; and
- 17 (VI) enhance the use of electronic  
18 health records to improve quality;
- 19 (iii) efforts to determine how effective  
20 quality improvement models may be adapt-  
21 ed for implementation by community  
22 health centers that vary by size, budget,  
23 staffing, services offered, populations  
24 served, and other characteristics deter-

mined appropriate by the Secretary of Health and Human Services;

(iv) types of technical assistance and resources provided to community health centers that may facilitate the implementation of quality improvement interventions;

(v) proposed or adopted methodologies for community health center evaluations of quality improvement interventions, including any development of new measures that are tailored to safety-net, community-based providers;

(vi) successful strategies for sustaining quality improvement interventions in the long-term; and

(vii) partnerships with other Federal agencies and private organizations or networks as appropriate, to enhance health care quality in community health centers.

(C) DISSEMINATION.—The Administrator of the Health Resources and Services Administration shall establish a formal mechanism or mechanisms for the ongoing dissemination of agency initiatives, best practices, and other information that may assist health care quality

1 improvement efforts in community health cen-  
2 ters.

3 (4) GAO STUDY ON INTEGRATED HEALTH SYS-  
4 TEMS MODEL FOR THE DELIVERY OF HEALTH CARE  
5 SERVICES TO MEDICALLY UNDERSERVED POPU-  
6 LATIONS.—

7 (A) STUDY.—The Comptroller General of  
8 the United States shall conduct a study on inte-  
9 grated health system models at not more than  
10 10 sites for the delivery of health care services  
11 to medically underserved populations. The study  
12 shall include an examination of—

13 (i) health care delivery models spon-  
14 sored by public or private non-profit enti-  
15 ties that—

16 (I) integrate primary, specialty,  
17 and acute care; and

18 (II) serve medically underserved  
19 populations; and

20 (ii) such models in rural and urban  
21 areas.

22 (B) REPORT.—Not later than 1 year after  
23 the date of the enactment of this Act, the  
24 Comptroller General of the United States shall  
25 submit to Congress a report on the study con-

ducted under subparagraph (A). The report shall include—

(i) an evaluation of the models, as described in subparagraph (A), in—

(I) expanding access to primary and preventive services for medically underserved populations; and

(II) improving care coordination and health outcomes; and

(ii) an assessment of—

(I) challenges encountered by such entities in providing care to medically underserved populations; and

(II) advantages and disadvantages of such models compared to other models of care delivery for medically underserved populations.

**SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

(a) FUNDING.—To carry out the programs authorized under sections 331 through 338G of the Public Health Service Act (42 U.S.C. 254d–254p), there are authorized to be appropriated—

(1) for fiscal year 2008, \$131,500,000;

(2) for fiscal year 2009, \$143,335,000;



1 (3) for fiscal year 2010, \$156,235,150;

2 (4) for fiscal year 2011, \$170,296,310; and

3 (5) for fiscal year 2012, \$185,622,980.

4 (b) ELIMINATION OF 6-YEAR DEMONSTRATION RE-  
 5 QUIREMENT.—Section 332(a)(1) of the Public Health  
 6 Service Act (42 U.S.C. 254e(a)(1)) is amended by striking  
 7 “Not earlier than 6 years” and all that follows through  
 8 “purposes of this section.”.

9 (c) ASSIGNMENT TO SHORTAGE AREA.—Section  
 10 333(a)(1)(D)(ii) of the Public Health Service Act (42  
 11 U.S.C. 254f(a)(1)(D)(ii)) is amended—

12 (1) in subclause (IV), by striking “and”;

13 (2) in subclause (V), by striking the period at  
 14 the end and inserting “; and”; and

15 (3) by adding at the end the following:

16 “(VI) the entity demonstrates willingness  
 17 to support mentorship, professional develop-  
 18 ment, and training opportunities for Corps  
 19 members.”.

20 (d) PROFESSIONAL DEVELOPMENT AND TRAIN-  
 21 ING.—Subsection (d) of section 336 of the Public Health  
 22 Service Act (42 U.S.C. 254h–1) is amended to read as  
 23 follows:

24 “(d) PROFESSIONAL DEVELOPMENT AND TRAIN-  
 25 ING.—

1           “(1) IN GENERAL.—The Secretary shall assist  
2       Corps members in establishing and maintaining pro-  
3       fessional relationships and development opportuni-  
4       ties, including by—

5           “(A) establishing appropriate professional  
6       relationships between the Corps member in-  
7       volved and the health professions community of  
8       the geographic area with respect to which the  
9       member is assigned;

10          “(B) establishing professional development,  
11       training, and mentorship linkages between the  
12       Corps member involved and the larger health  
13       professions community, including through dis-  
14       tance learning, direct mentorship, and develop-  
15       ment and implementation of training modules  
16       designed to meet the educational needs of off-  
17       site Corps members;

18          “(C) establishing professional networks  
19       among Corps enrollees; and

20          “(D) engaging in other professional devel-  
21       opment, mentorship, and training activities for  
22       Corps members, at the discretion of the Sec-  
23       retary.

24          “(2) ASSISTANCE IN ESTABLISHING PROFES-  
25       SIONAL RELATIONSHIPS.—In providing such assist-

1       ance under paragraph (1), the Secretary shall focus  
2       on establishing relationships with hospitals, with  
3       academic medical centers and health professions  
4       schools, with area health education centers under  
5       section 781, with health education and training cen-  
6       ters under such section, and with border health edu-  
7       cation and training centers under such section. Such  
8       assistance shall include assistance in obtaining fac-  
9       ulty appointments at health professions schools.”.

10 **SEC. 4. REAUTHORIZATION OF RURAL HEALTH CARE PRO-**  
11 **GRAMS.**

12       Section 330A(j) of the Public Health Service Act (42  
13 U.S.C. 254e(j)) is amended by striking “\$40,000,000”  
14 and all that follows and inserting “\$45,000,000 for each  
15 of fiscal years 2008 through 2012.”.

○